CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUREAU OF STREET SERVICES
INVESTIGATION AND ENFORCEMENT DIVISION
TELEPHONE: (213) 847-6000

№ 038042

NOTICE OF VIOLATION

Date of Violation	Time	Day of Week	MD	CD
12/18/18	10 35 ☐ AM ☐ PM	S M (T) W T F S	105	13

Name (First, Middle, Last): CARLOS BONILLA

Address: [redacted]

Driver's Lic./ID No. | State | Class | Age | Birth Date / /

Sex | Hair | Eyes | Height | Weight | Race

Vehicle License No. or VIN | State

Yr. of Veh. | Make | Model | Body Style | Color

Contractor's License Number

Company Name

Company Address

City | State | Zip Code

Violation Description

1. LAMC 56.08(e)1: OBSTRUCTING STREET
2. LAMC 66.27: TRASH CAN VIOLATIONS
3.

☐ See Reverse Side for Violation

Location of Violation(s): 1900 BERKELEY AVE

Violation Noticed was: ☐ Posted ☐ Hand Served ☑ Mailed

Comments: ABIDE by TRASH CAN RULES/REGULATION

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct.

DUNCANSON, J — Investigator
2118 — Serial Number
213 847 6069 — Investigator Telephone Number
7 am - 8 am :30 pm - 3:30 pm — Office Hours

Signing this notice is not an admission of guilt; only confirmation that the notice was received.

X Signature: MAILED

YOU ARE REQUIRED TO:

☑ COMPLY WITH THIS NOTICE AT ONCE

☐ COMPLY WITH THIS NOTICE WITHIN _____ DAYS FROM THE DATE SHOWN ABOVE.

☐ APPEAR FOR A HEARING ON _____ AT 1149 S. BROADWAY, SUITE 350, L.A. CA 90015 BETWEEN _____ AND _____

☐ PAY FEES AND/OR FINES IN THE AMOUNT OF _____ PLEASE SEND PAYMENT TO THE ORDER OF THE "CITY OF LOS ANGELES" TO THE ADDRESS SHOWN BELOW
BUREAU OF STREET SERVICES. INVESTIGATION AND ENFORCEMENT DIVISION
1149 S. BROADWAY, SUITE 350
LOS ANGELES, CA 90015

FAILURE TO COMPLY WITH THIS NOTICE MAY RESULT IN FURTHER LEGAL, AND/OR CITY ACTION AT THE PROPERTY OWNERS EXPENSE.

RJ

CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC WORKS
BUREAU OF STREET SERVICES
INVESTIGATION AND ENFORCEMENT DIVISION
TELEPHONE: (213) 847-6000

№ 038045

NOTICE OF VIOLATION

Date of Violation	Time	Day of Week	MD	CD
12/18/18	10 15 ☑ AM ☐ PM	S M (T) W T F S	105	13

Name (First, Middle, Last): ROBERT M LEE

Address: [redacted]

Driver's Lic./ID No. | State | Class | Age | Birth Date / /

Sex | Hair | Eyes | Height | Weight | Race

Vehicle License No. or VIN | State

Yr. of Veh. | Make | Model | Body Style | Color

Contractor's License Number

Company Name

Company Address

City | State | Zip Code

Violation Description

1. 56.08 LAMC - OVERGROWN VEGETATION
2.
3.

☐ See Reverse Side for Violation

Location of Violation(s): PARKWAY, 1511 LUCRETIA

Violation Noticed was: ☐ Posted ☐ Hand Served ☑ Mailed

Comments: CUT/TRIM PARKWAY VEGETATION

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct.

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